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Research Article

**BURNOUT AMONG NURSES IN KING FAHAD HOSPITAL -
AL-BAHA, SAUDI ARABIA**

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Abstract

Background: burnout in general is known as the work-related stress and it is now a major concern among health care professionals.

Objective: this study aimed to estimate the prevalence of burnout among nurses in King Fahad Hospital - Al-Baha, Saudi Arabia.

Methods: this was a cross-sectional study that used a modified version of Copenhagen Burnout Inventory (CBI) questionnaire. We included King Fahad Hospital - Al-Baha, SA. All nurses from all departments were eligible for the study except for ICU nurses.

Results: the participated nurses had moderate levels of burnout with percentages as follow: personal burnout (58.0%), work-related burnout (51.7%) and client-related burnout (51.7%). In our sample, the emotional exhaustion was slightly higher among females with a significant P-value (P=0.019). Also, EE was more prevalent in those who were not income-satisfied. Two thirds of the nurses in our sample were satisfied with their income.

Conclusion: our study indicated high prevalence of burnout among nurses and high-income satisfaction while, marriage represented a strong protective factor against burnout in nurses.

Keywords: Al-Baha, Saudi Arabia, King Fahad Hospital, burnout, nurses, emotional exhaustion, income satisfaction.

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INTRODUCTION:

Burnout in general is known as the work-related stress and it has three dimensions: Emotional Exhaustion (EE), Personal Depersonalization (PD) and reduced Professional Achievement (PA) [1]. EE can manifest with fatigability and lack of motivation. PD is defined as the emotional detachment of the affected individual. While reduced PA, is the feeling of negativity and dissatisfaction with the PA [2]. Burnout is related to many mental and social problems [3], in health care professionals it can cause reduced job satisfaction, can affect the quality of patient care, and can lead to conflicts between health care professionals [4].

Among all health care professionals, nurses are considered more vulnerable to burnout and work-related stress [5]. This is due to conflicts, hierarchy, working time and duration, and lack of personnel [6]. A study has indicated that workplace bullying can play a major role in influencing burnout among nurses [7]. This was supported by other studies in which they recommended that the managers should pay more attention to the nurse's concerns [8-10]. A study was conducted in a military hospital in Tabuk, Saudi Arabia (SA), it indicated a very high prevalence of burnout among nurses (75.9%) [11]. The same study showed that inpatient nurses are more likely to have burnout than outpatient nurses. In another study that was conducted in Al-Dammam, SA the burnout among nurses was found to be as high as 45.5% [12]. High prevalence was not exclusively found in SA. In a systematic review of burnout among health care providers in Arab countries, the results showed a moderate to high level of burnout and the authors has indicated that the prevalence was similar to non-Arabic speaking western countries. The levels of burnout were found to be high in cross sectional studies in different countries from India, Singapore, Iran and Nigeria [6,13-15].

In Al-Baha, SA, there was a single study conducted to find the burnout among ICU nurses, and the levels of satisfaction were high among the nurses [16]. The finding of good job satisfaction in SA was also proposed in other studies [9, 17]. Burnout can be personal, work-related, or client-related. This

classification was first addressed in Copenhagen Burnout Inventory (CBI). In Al-Baha region there was no study utilizing the CBI tool [18]. Therefore, we have undertaken this study by using CBI to identify the prevalence of burnout among nurses in Al-Baha, SA.

METHODS:

Our study was a cross sectional study that used a modified version of Copenhagen Burnout Inventory (CBI) questionnaire. The questionnaire was already tested and validated [18]. Age, gender, marital status and income satisfaction were added to the CBI which included questions about personal burnout, work-related and client-related burnout. We chose King Fahad Hospital - Al-Baha, SA to distribute the questionnaire. All the nurses were eligible to participate in this study and only ICU nurses were excluded to avoid duplication [16].

Investigators explained the purpose of the study and gained an individual consent from all participants. The data were analyzed by using (PASW 21.00) previously called SPSS. After the collection of data, we excluded the falsely-filled samples.

RESULTS:

The number of nurses who filled our questionnaire was 300. The majority of our sample were females (63.3%), aged from 20 to 45 (98.3%) and married (51.7%). Most of the participants were satisfied with their income (69%). We measured three types of burnout, personal, work-related and client-related. Most of our sample had moderate levels of burnout with percentages as follow, personal burnout (58.0%), Work-related burnout (51.7%), and client-related burnout (51.7%). In our sample, the EE was a slightly higher among females with a significant P-value ($P=0.019$) (**Table 1**). Also, EE was more prevalent in those who were not income-satisfied. Feeling of tiredness, physical exhaustion, feeling of weakness, feeling worn out at the end of the day, thinking that the work is frustrating and all client-related factors had a significant correlation with marital status (**Table 2**).

Upon further analysis of age and residence, there was no significant association with burnout.

Table 1: EE among males and females

	Emotionally exhausted					Total
	Always	Often	Sometimes	Seldom	Never	
Male	5.5%	30.0%	52.7%	11.8%	0.0%	100%
Female	6.3%	30.0%	53.7%	9.5%	0.5%	100%

Table 2: percentage of nurses who chose (always and often) for the mentioned factors in correlation with the marital status

	Married	Single
Feel tired	45.8%	50.3%
Physical exhaustion	47.8%	51.8%
Feel burnt out because of work	25.8%	31.0%
It is energy-draining to work with clients	23.9%	29.7%

DISCUSSION:

Generally, burnout can be precipitated by many factors some are already identified like, job pressure being the most common factor, poor rapport with managers, working in ICU, working as an inpatient nurse, nurses with a lower educational level, working long hours and absence of appreciation among many other factors [19-20].

Our study linked burnout to a possible factor, which was being single. This factor was found to be protective against burnout and was suggested by a study that was conducted in the United Arab Emirates [21]. EE was found to have an association with female gender and reduced income satisfaction. Another important factor was workplace bullying, for which many studies emphasized the importance of rapport, good listening from managers, and improving reward system [7-9, 20]. However, the general burnout prevalence was moderate, which went with the literature. Most of the previous studies in SA indicated moderate to high levels of burnout among health care professionals and nurses in specific [11, 12, 20, 22]. In India and Nigeria, the prevalence was reported to be high as well [6, 13]. It was found that those whose residence was outside Al-Baha were associated with physical exhaustion. This finding is supported by another study that was conducted in SA and it indicated that working away was a major predictor for burnout [23].

Where in our study, two thirds of the nurses were satisfied with their income, some other studies have supported this finding of good job satisfaction among nurses in SA [4,9, 16]. The low levels of burnout and high levels of job satisfaction were factors in which the outcome would be a better patient care and a good patient satisfaction [4, 22]. Considering working with clients and their families as one of the most important precipitates of burnout in nurses [9], 44.0% of our sample found it was hard to work with clients and 26.7% found that working with clients was energy-draining.

This study had limitations. First, we used a self-reporting tool and this can generate bias. Second, we addressed the age as a choice (20-45, 45-60 and over

60) and this could have missed an important factor and predictor of burnout.

CONCLUSION:

Our study concluded that the prevalence of burnout among nurses was moderate with high income satisfaction. Marriage represented a strong protective factor against burnout in nurses. One of the important factors that precipitate burnout was the absence of appreciation. Thus, we recommend implanting a reward system for nurses and health care professionals in general.

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